



CALL FOR PAPERS

Cardiovascular diseases (CVDs) are the leading cause of death, especially in women. Women generally have a ~10-year delay in the onset of cardiovascular events as compared to men; however, diabetes seems to eliminate this “gender advantage,” with diabetic women showing even a higher risk for coronary heart disease (CHD) than diabetic men. Furthermore, diabetic women are more unlikely to achieve a good metabolic control than men and, overall, show a worse CVD risk profile. These sex discrepancies in terms of diabetes-related CVD complications have attracted the interest of clinicians and researchers, since they are not entirely attributable to a diverse prevalence of CVD risk factors or to different therapeutic strategies.

Thus, beyond chronic hyperglycaemia, a number of other factors such as dyslipidemia, hypertension, hormonal, genetic, and environmental factors and low-grade systemic inflammation and endothelial damage may contribute to a different impact to the atherosclerosis process associated with diabetes in women. Many of these factors show gender differences in their prevalence and /or association with CVD events.

We invite investigators to submit original research as well as review articles aimed to explore the peculiarity of CVD in women with type 2 diabetes.

Potential topics include, but are not limited to:

- ▶ CVD risk definition in the clinical practice
- ▶ Role of atherogenic dyslipidemia, exploring “quantitative” and “qualitative” alterations of lipid pattern in diabetic women
- ▶ Contribution of menopause in CVD risk definition
- ▶ Diabetic nephropathy and CVD in diabetic women
- ▶ Differences in treatments and personalized therapeutic strategies
- ▶ Chronic inflammation and endothelial dysfunction
- ▶ Impact of “minor” CHD risk factors and residual risk
- ▶ Obesity and central adiposity in women
- ▶ Microcirculation and diabetes in women
- ▶ Impact of genetic background on metabolic profile and CVD risk in women
- ▶ Diet in diabetic women
- ▶ Psychosocial issues and adherence to treatment

Authors can submit their manuscripts via the Manuscript Tracking System at <http://mts.hindawi.com/submit/journals/ije/diacar16/>.

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First Round of Reviews

Friday, 2 September 2016

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